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Substitute for Form PTO-875									105199100		
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL EN								NTITY	OR	OTHER SMALL	R THAN ENTITY
FOR NUMBER FILED NUMBER EXTRA				R EXTRA		RATE	FEE		RATE	FEE	
BASIC FEE							s	OR		:150	
(37 CFR 1.16(a)) TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 =			1.			x \$=		OR	x \$=		
INDE	FR 1.16(c)) PENDENT CLAIMS		0				x \$=		OR	x \$=	
(37 CFR 1.10(0))								OR			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ \$=		1		1.5
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	L	OR	TOTAL	ω
CLAIMS AS AMENDED – PART II											
	(Column 1) (Column 2) (Column 3)			(Column 3)		SMALL I	ENTITY	OR	OTHER THAN SMALL ENTITY		
A T		CLAIMS REMAINING AFTER AMENDMENT	F	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ä	Total	*	Minus *		=		x \$ _=		OR	x \$=	
AMENDMENT	(37 CFR 1.16(c)) Independent	•	Minus *	••	=	Ì	x \$=		OR	x \$ _ =	
ME	(37 CFR 1.16(b))			CLAIM /27.CE	:D 4 45/d)\	ĺ			OR	+s =	
Ľ	FIRST PRESENTA	ATION OF MULTIPLE	DEPENDEN	CDdw (5) Ci	1.10(0))	!	+ \$ = TOTAL		1	TOTAL	
ł							ADD'L FEE	L	OR	'ADD'L FEE	<u></u>
		(Column 1)		(Column 2)	(Column 3)	1		T -	7		T
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	ı	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•	Minus	••	=		x \$=	·	OR	x \$=	
N.	Independent (37 CFR 1.16(b))	•	Minus	**	=	1	x \$=		OR	x \$=	
AM		ATION OF MULTIPLE	E DEPENDEN	T CLAIM (37 CF	R 1.16(d))	1	+s =		OR	+ \$=	
	1110111120211					_	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)	_			-	· · · · · · · · · · · · · · · · · · ·	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ÁDDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	AMENDMENT	Minus	**	=	1	x \$=		OR	x \$=	
2	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	•	Minus	***	=	1	x \$=		OR	x \$=	
Ĭ.₩			r Deberioer	T ČLAIM (27.0)	ER 1 16(4))	1			OR	+ \$ =	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					L	+\$ =	1	7	TOTAL ADD'L FEE	
		olumn 1 is loss the	n the entry	in column 2 wri	ite "0" in columi	n 3.	ADD'L FEE	L	OR	AUU L FEE	L
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". 											

"" If the "Highest Number Previously Paid For" (Notal or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.